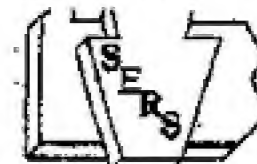




COMMONWEALTH OF PENNSYLVANIA  
STATE EMPLOYEES' RETIREMENT SYSTEM  
TELEPHONE: 1-800-633-5481



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STATE EMPLOYEES'  
RETIREMENT SYSTEM

MAR 30 12 03 PM '01

SS#

SERS USE ONLY

DOR 01/03/2001

F.O. 7

◆ APPLICATION FOR ANNUITY ◆

<b>PART A</b> <i>PM 3/30/01</i> <b>MEMBER INFORMATION</b>	
NAME: (FIRST) (MIDDLE) (LAST) <b>TODD R PLATTS</b>	DATE OF BIRTH (ATTACH DOCUMENTATION) [REDACTED]
1911 E MARKET STREET	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
YORK PA 17402	LAST EMPLOYING AGENCY/DEPARTMENT House of Representatives
CITY: STATE: ZIP: PHONE: 717-757-5878	DATE OF TERMINATION: 01/02/2001

<b>PART B</b> <b>WITHDRAWAL OPTION</b> WITHDRAWAL OF CONTRIBUTIONS AND INTEREST	
<b>SECTION 1: DO YOU WANT TO WITHDRAW ANY MONEY?</b> (Check one box below) <input checked="" type="checkbox"/> YES, complete Sections 2, 3, 5, 6 and 4 if necessary <input type="checkbox"/> NO, skip to Section 6	
<b>SECTION 2: I ELECT A LUMP SUM PAYMENT(S) FROM MY CONTRIBUTIONS AND INTEREST AS FOLLOWS:</b> CHECK ONLY ONE BOX IN THIS SECTION <input checked="" type="checkbox"/> ALL CONTRIBUTIONS AND INTEREST <input type="checkbox"/> ALL PRE 1987 PREVIOUSLY TAXED CONTRIBUTIONS <input type="checkbox"/> \$ _____ OF CONTRIBUTIONS AND INTEREST	<b>SECTION 3: I WISH TO RECEIVE MY LUMP SUM PAYMENT(S) AS FOLLOWS:</b> CHECK ONLY ONE BOX IN THIS SECTION <input checked="" type="checkbox"/> ONE LUMP SUM PAYMENT WITH MY INITIAL ANNUITY PAYMENT <input type="checkbox"/> IN _____ INSTALLMENTS (LIMIT 4) TO BE PAID AS FOLLOWS: 1. _____ / _____ / _____ 3. _____ AMOUNT/PERCENT MO DAY YR AMOUNT/PERCENT MO YR 2. _____ / _____ / _____ 4. _____ / _____ / _____ AMOUNT/PERCENT MO YR AMOUNT/PERCENT MO YR
<b>SECTION 4: SPECIAL INSTRUCTIONS</b>	
<b>SECTION 5: ROLLOVER OF TAXABLE LUMP SUM PAYMENT(S)</b> <input checked="" type="checkbox"/> YES, I ELECT TO HAVE ALL OR PART OF MY TAXABLE CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED AND WILL SUBMIT A COMPLETED SERS-254 FORM. <input type="checkbox"/> NO, I DO NOT ELECT TO HAVE MY TAXABLE CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED AND I UNDERSTAND THE TAX CONSEQUENCES.	
<b>SECTION 6:</b> MEMBER SIGNATURE: <i>Todd R. Platts</i>	

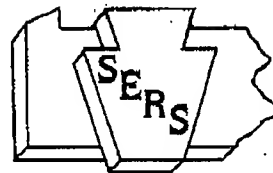




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STATE EMPLOYEES'  
RETIREMENT SYSTEM

MAR 30 12 03 PM '01

COMMONWEALTH OF PENNSYLVANIA  
STATE EMPLOYEES' RETIREMENT SYSTEM  
HARRISBURG REGIONAL COUNSELING CENTER  
30 NORTH THIRD STREET, ROOM 319  
HARRISBURG, PA 17101  
717-783-9065  
1-800-633-5461  
FAX: 717-783-9599



HARRISBURG, PA

Becky Farling  
House of Representatives

I, TODD R PLATTS, have completed regular retirement papers with 10.1652 years of credited state service.

My termination date will be 01/02/2001. My retirement date will be 01/03/2001.

I have been directed to my agency human resource office and/or employee benefits coordinator for information about leave payments, final pay transactions, and health benefits (if applicable).

I authorize SERS to provide this notification to my agency.

Signature

Todd R. Platts

Social Security  
Number

[REDACTED]

Date

3/30/01

FOR SERS USE

☐ Seneca  
814-437-4403

☐ Pittsburgh  
412-565-5302

☐ State College  
814-863-6505

☐ Montoursville  
717-368-5680

☐ Hazleton  
717-459-3965

☐ Bensalem  
215-244-0798

☒ Harrisburg  
717-783-9065

SERS Counselor: K KRAMER

Date mailed to agency 3/30

Clerical Initials PLM

FROM :

FAX NO. :

Apr. 19 2013 6:03PM P2

FEDERAL  
EMPLOYEES  
HEALTH BENEFITS

**FEHB**  
PAYMENT COUPON

COUPON NUMBER

**2**

Period of Coverage

**05/01/2013-05/31/2013**

Name of FEHB Plan

**BLUE CROSS AND BLUE SHIELD**

Enrollment  
Code

**105**

Date Payment Due	Amount Due	Enter Amount Paid
<b>05/01/2013</b>	<b>\$1,381.45</b>	<b>\$</b>

Account Number:

**PLATTS, TODD R**  
**1240 OAKDALE DR**  
**YORK PA 17403-4468**  
FORM DR176 (Revised 8/07)

Please make your check payable to:  
**National Finance Center**  
Include your Account number on  
the check. Mail check with this coupon to:

**USDA, National Finance Center**  
**DPRS Collections**  
**P.O. Box 790341**  
**St. Louis, MO 63179-0341**

FORM DPRS-1 (Revised 8/07)